IN SUPPORT OF AN AMENDMENT TO THE SUPPLEMENTAL APPROPRIATIONS BILL PROVIDING COMPENSATION TO THE FAMILIES OF THE RON BROWN PLANE CRASH IN CROATIA

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 6, 1999

Ms. NORTON. Mr. Speaker, after much soul searching, the families of the victims of the military plane carrying Commerce Secretary Ron Brown that crashed in Croatia on April 3, 1996, have allowed us to introduce this amendment. It would provide up to $2 million in compensation for each of the families of the tragic accident. This amendment is not what the families requested, nor is it what I sought when I first introduced the Ron Brown Tort Equality Act on April 15, 1997. Although this amendment would close the books on the accident, it would not render complete justice to the families; would do nothing to assure that there would not be similar victims of military aircraft in the future; and would have no deterrent effect to ward off serious negligence in the future. Yet surely this amendment is what is minimally required.

The Ron Brown Tort Equality Act had nearly fifty cosponsors in the last Congress and we are on our way to that and more now. This is a notably bipartisan bill in no small part because the victims originated in 15 states and the District of Columbia. The Ron Brown Act would allow federal civilian employees or their families to sue the federal government but only for gross negligence by its officers or employees and only for compensatory damages. Because there will be few instances where gross negligence can be shown, this is a small change in our law. There also were non-federal employees on that fated plane for whom no compensation is possible today. Astonishingly, federal law does not allow compensation when private citizens are killed or injured overseas. Yet, private citizens can sue under the Act for the same injuries when they occur in this country. The Ron Brown Act would allow individuals who do not work for the federal government, or their families, to sue the United States for negligent or wrongful acts or omissions that occur in a foreign country.

This tragic accident yielded great sorrow and mourning by the nation and members of this body. The mourning period is over, colleagues. It is time now to compensate the families.

NEW DIRECTION FOR OUR NATION'S HEALTH CARE

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 6, 1999

Ms. SCHAKOWSKY. Mr. Speaker, ''The crisis in American health care is real and getting worse.'' Those words appeared in an editorial today in The Washington Post, written by two distinguished scholars, former U.S. Surgeon General C. Everett Koop and John C. Baldwin, vice president for health affairs at Dartmouth College.

I hope my colleagues will take a few minutes to read about the state of health care in our nation. Dr. Koop and Dr. Baldwin pointedly stress that universal access to health care must become a national commitment and will require a national investment. As important, they argue against the idea that health care should be treated as a commodity, saying that ''(w)e must rid ourselves of the delusion that it is a business, like any other business.''

At a time when 16 percent of Americans have no health insurance, health care costs are skyrocketing, and medical decisions are made by HMO executives beholden to shareholders, bold solutions are needed. As Dr. Koop and Dr. Baldwin state, ''(o)ur problem is a failure of distribution, a failure to extend care to all of those who need it and a failure to recognize the importance of applying scientific rigor to the problems of broad-based health care delivery. If state-of-the-art American medicine were offered to our citizens in a comprehensive way, our levels of public health would be unexcelled.''

They also recognize that we can not continue on our current path, to spend more than any industrialized nation in the world while providing less. Correctly, they conclude that ''the movement over the past few years to turn health care into a 'business' through health maintenance organizations and other stratagems has not worked to the satisfaction of most Americans.'' Indeed, it is time for a new direction.

The crisis in American health care is real and getting worse. A record 16 percent of Americans now have no health insurance—a grave situation that will not be solved by conventional business models. Indeed, the movement over the past few years to turn health care into a ''business'' through health maintenance organizations and other stratagems has not worked to the satisfaction of most Americans.

Frustrated, legislators across the political spectrum pursue the notion that legislative tinkering will solve the problems. But since the derailment of President Clinton's health reform plan in his first term—and particularly since the elections of 1994—the country has slipped or been lulled into a false sense of confidence that the real and worsening crisis in American health care can somehow be solved by implementation of ''reforms'' based on such euphemistic concepts as ''gatekeepers,'' ''pathways,'' ''preexisting conditions,'' ''risk pools'' and other impediments to access—all disguised as tools of efficient management.

To be sure, health care costs have risen too rapidly in the past 20 years. Highly paid providers and administrators and exceedingly profitable health care corporations have played a role, though their contributions to rising costs have been less important than the effects of an aging population and the continual introduction of new technologies. But we must not abrogate our responsibility to make difficult choices in the vain hope that a ''free market,'' profit-based system somehow will solve the problem for us without our doing anything.

If health care were a business, it would be a strange one indeed—one in which many sectors of the ''market'' could never be profitable. People with AIDS, most children with congenital, chronic or catastrophic illness, poor people, old people and most truly sick people could never pay enough to make caring for them profitable.

Over the past few years, nevertheless, we have often heard that ''health care is like any other product; you buy what you can afford.'' Most proponents of this idea quickly add that of course ''basic'' health care should be provided. But what does this mean? Suppose two children, one in an uninsured family and one in a well-insured one, both developed leukemia, a treatable and often curable illness. What is the basic level of care each child is entitled to?

HMO executives properly emphasize that their responsibility is to shareholders. That responsibility is defined in terms of profit and stock price. The volume and market-share considerations in this ''business'' require aggressive pricing. Sustained profits, in turn, require aggressive cost-cutting. This results, inevitably, in restriction of access and withholding of care.

Both these things may well be necessary to improve efficiency and cut costs. But do we really want to relegate such decisions to analysts within the health care industry, or should we assert the public interest in these crucial ethical, societal and medical issues?

We nod our heads when we are told that the percentage of our GNP spent on health care is ''too high'' and that inefficiency, the ''fat'' in the system, results in its providing less effective care than is available in other industrialized nations that spend a lesser percentage. But this argument is specious. The American biomedical research endeavor, supported in the main by the taxpayers, had led the world for more than 30 years and continues to do so. Attendance at any medical scientific meeting anywhere in the world confirms this hegemony and affirms the enormous respect the rest of the world has for American medicine.

Our system is not a failure. The dramatic decline in deaths from heart disease is salient evidence for the phenomenal success of technologically advanced American medical care for those who can afford it. Our problem is a failure of distribution, a failure to extend care to all of those who need it and a failure to recognize the importance of applying scientific rigor to the problems of broad-based health care delivery. If state-of-the-art American medicine were offered to our citizens in a comprehensive way, our levels of public health would be unexcelled.

Like education (also, in important ways, not a business), the public health is a national investment and a crucial one. Could we justify a ''privatized'' educational system that denied access to slower learners unable to pay—i.e., the children who need help the most? When you consider that we spend more on leisure than on health care (22 percent more just on recreation, restaurant meals, tobacco and foreign travel), is the percentage of the GNP we spend on health care really so inappropriate?

The failure in distribution of health care is the product of our tacit acquiescence in the notion that health care access rightly depends on ability to pay. This idea has become, for